



MILD TRAUMATIC BRAIN INJURY

And

POST TRAUMATIC STRESS DISORDER

FACILITATOR'S GUIDE

BattleMind Training System Office
Soldier and Family Support Branch
Department of Preventive Health Services
U.S. Army Medical Department Center and School

2007

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ADMINISTRATIVE DATA

This class is designed to be used in a group setting, large or small. However, the recommended class size would be a platoon size group. The audience can include all military ranks and services, all military occupational specialties (MOS) and Areas of Concentration (AOC) as well as civilians who work in the military setting.

Improvement Comments:

Users are invited to send comments and suggested improvements on DA Form 2028, Recommended Changes to Publications and Blank Forms. Completed forms, or equivalent response, will be mailed or attached to electronic e-mail and transmitted to:

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Preparation Guidelines:

Before presenting this lesson, instructors must thoroughly prepare by studying this facilitator guide and the identified reference material.

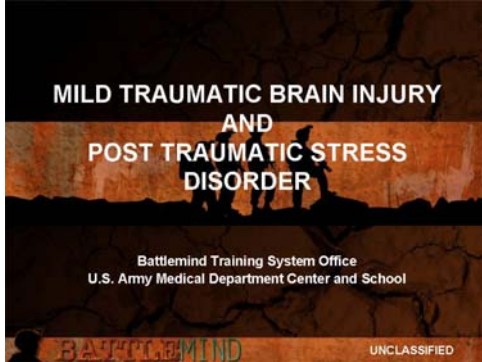
Suggested Materials for Instruction:

Slide projector, computer monitor, projector screen, overhead projector with computer interface, computer with keyboard, Facilitator's guide and PowerPoint presentation

Student Materials:

None, Uniform of the day

INTRODUCTION



Title Slide (1): (mTBI & PTSD)

Note to Speaker: The purpose of the section is to introduce yourself. The following comments are a recommendation.

It is very rare that the Army, the entire Army around the world, stops long enough to require every Soldier and leader to get the same information within a prescribed period of time. When we do, it is about a subject of great importance. It is about taking care of Soldiers – and Soldiers are the Army. What we will be talking about for the next few minutes has already had an affect on total health of many Soldiers.

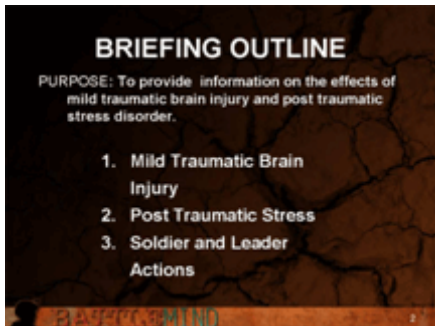
I will be talking about Mild Traumatic Brain Injury, or mTBI and Post Traumatic Stress Disorder, or PTSD. Both mTBI and PTSD can potentially negatively impact our ability to perform our jobs. Whether in combat or in garrison, the inability to perform as well as we can puts both ourselves and our teammates at increased risk.

This is a serious issue that affects all of us differently – you, your immediate and extended Family, friends and fellow Soldiers. This issue is as important as any other Soldier health issue or challenge. Our war-fighting capability depends on it.

I'm going to try my best today to share with you what you need to know as a Soldier, Battle Buddy and Leader to help take care of yourself, fellow Soldiers and those you lead. I'm no expert, but I've read up a bit and they've given me some questions and answers so I can hopefully better address your concerns or at least point you in the right direction for more information.

I know we have all been through mandatory training before, and it's easy to roll your eyes or daydream. We can't do that today. We're talking about serious business. Stick with me and ask questions, and I'll probably get smarter too. Okay, here we go....

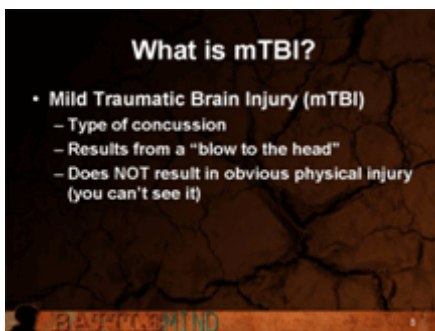
FACILITATOR SCRIPT



Show Slide 2: (Outline)

As mentioned earlier, I'm going to talk about two types of conditions that may result even without visible physical injuries, and may impact on your performance and readiness. The first condition we'll discuss is mild Traumatic Brain Injury or mTBI. The second is Post-Traumatic Stress Disorder or PTSD. We will call this Post Combat Stress and discuss it later.

After that I'll discuss what we should do as Soldiers and leaders if you suspect that you or a fellow Soldier may have one of these conditions.



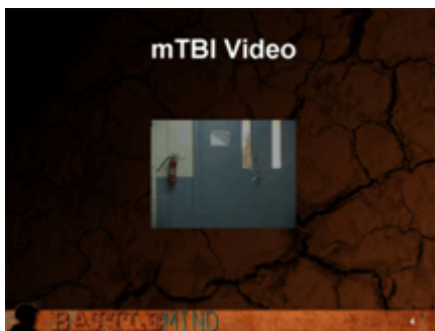
Show Slide 3: (What is mTBI?)

It is important to note that mTBI and Post Combat Stress are NOT the same thing. A Soldier may experience effects of either mTBI or Post Combat Stress following a significant combat or operational experience. It is also important to understand that a Soldier may experience effects of both conditions at the same time. We will review the key differences later.

I'll begin with mild Traumatic Brain Injury. It is useful to think of mild TBI

as a concussion. In fact, I will be using the term “concussion” to refer to mTBI. Unlike severe Traumatic Brain Injury in which there may be a penetrating head injury with an obvious wound, a mild TBI or concussion results from a hard blow or jolt to the head, a series of blows or blast exposure that causes the brain to be shaken within the skull. A good example would be exposure to the shock wave of an IED explosion. Concussions do not result in any obvious physical injury. However, they can result in brain functions being disrupted. Blasts, particularly from IEDs of all types, can result in concussions where there may be a brief loss of consciousness, confusion or brief loss of memory for events before and/or after the incident. Sometimes it is referred to as “getting your bell rung.” Some soldiers who have concussions may experience “seeing stars,” feeling dazed or confused, report ringing in the ears or have the feeling of “not being quite right”.

To better understand concussions, I want you to watch the following video.



Show Slide 4: (mTBI Video)

Video Length: 2:45 Minutes

Note to Speaker: Video will auto start after 2 second delay. Continue with presentation once video is complete.

I'd like you to look at an actual IED attack; and I know that some of you have gone through this hell.



Show Slide 5: (IED attack video)

Video Length: :22 seconds

Note to Speaker: Video will auto start after 2 second delay. Continue with presentation once video is complete.

In the video you just saw, there were no obvious physical injuries. Perhaps, you may have heard one Soldier say “Oh my ears”. This type of complaint is common for concussions. As you heard in the first video, it is important for Leaders and Battle Buddies to ensure that this Soldier is evaluated by a medical officer immediately upon returning to the base camp or forward operating base. Concussions rarely are life threatening, however, if a Soldier sustains a head injury during combat missions, it is critical that they get evaluated at the earliest possible opportunity.

Many Soldiers who have had a concussion may say that they are “fine” although their behavior or manners are temporarily altered immediately after the event. This is where both Leadership and Buddy Aid are critical.

If you are a Leader, it is your responsibility to ensure that all your Soldiers suspected of having a concussion are evaluated by a medical officer. We must take into account the medical recommendations resulting from the evaluation even if that includes having the Soldier “take a knee” for a few days. This is necessary because if a Soldier suffers another concussion without having recovered from the first, the second concussion may cause permanent brain damage. Leaders may be required to make field decisions to continue executing a mission or utilize valuable resources to extract them. If a Soldier remains oriented and alert, evaluations may be delayed, however, Leaders **MUST** ensure that the Soldier gets evaluated as soon as practical. Soldiers suffering from mTBI are a risk to the unit’s ability to execute missions effectively.

Even if you are not a Leader, everyone must be aware of this type of injury and make sure that your Leaders are informed. It is important that medical assistance is provided to any Soldier who is exposed to a blast or receives a head injury, or begins to complain of symptoms typically associated with concussion and especially if they act differently after that event.

The key to recovery from a concussion is time, knowledge and education. Nearly all Soldiers have or will recover.

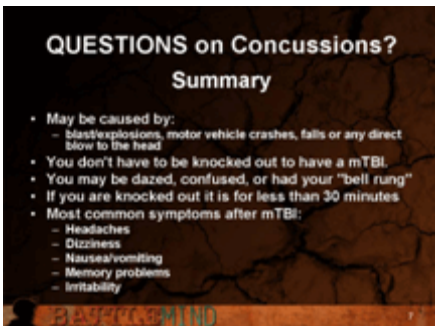


Show Slide 6: (Combatives Video)

Video Length: Until advanced (endless loop)

Note to Speaker: This slide will loop automatically until slide advanced. There is no audio, read the script while slide plays and then advance to next slide.

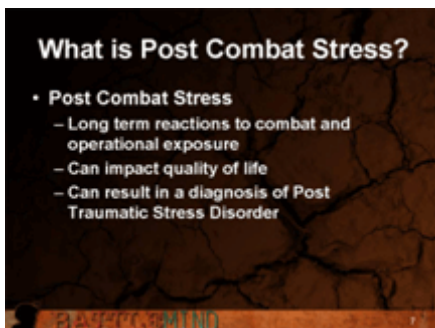
Remember, concussions are not always combat related. They can also occur during training, such as combatives or airborne and air assault exercises. That is why we must wear safety equipment and conduct appropriate risk assessments.



Show Slide 7: (Questions)

OK, that covers concussions. Before we go further, take a look at this summary slide. Do you have any questions?

NOTE TO INSTRUCTOR: Take about 4 minutes to answer questions regarding mTBI and concussions. Use answers from the Frequently Asked Questions (FAQ) beginning on page 20. If the question is not in the FAQ list, record the question and provide the Soldier with an answer after consulting appropriate medical authority.



Slide 8: (What is Post Combat Stress?)

Now that I've covered concussions, I want to turn to post combat stress.

No amount of training can totally prepare a Soldier for the realities of combat. Post Combat Stress may develop after someone has experienced or witnessed an actual or threatened traumatic event. If Post Combat Stress interferes with your ability to do your job and enjoy life, and it seems to continually get worse, it could lead to an actual mental health diagnosis known as Post Traumatic Stress Disorder. Most Soldiers will do well but for some, persistent symptoms of Post Combat Stress may need support or medical care.

What to Look For?

<i>Physical</i>	<i>Behavioral</i>	<i>Emotional</i>
Fatigue	Withdrawal	Anxiety or Panic
Chest Pain	Restlessness	Guilt
Weakness	Emotional	Fear
Sleep Problems	Outbursts	Denial
Nightmares	Suspicion and	Irritability
Breathing Difficulty	Paranoia	Depression
Muscle Tremors	Loss of Interest	Intense Anger
Profuse Sweating	Alcohol	Agitation
Pounding Heart	Consumption	Apprehension
Headaches	Substance Abuse	

List not all inclusive

BEFORE MIND

Slide 9: (What to Look For?)

There are three main things you need to look out for weeks or months after the event is over and you're in a safe environment. They include 1) re-experiencing the event over and over again; 2) avoiding people, places, or feelings that remind you of the event; and 3) feeling "keyed up" or on-edge all the time.

If you or your buddy is struggling, seek help.

It is important to remember, although you may not be struggling, your battle buddy may be. We know that combat and operational experiences will impact every Soldier differently.

We also know that Soldiers with the highest combat exposure, those conducting missions outside the wire, have higher rates of post combat stress. Those Soldiers experiencing post combat stress may continue to struggle with symptoms long after redeployment. Some do not “reset” quickly after coming home and may continue to struggle even 12 months later.

Leaders and Soldiers must recognize the continued effects of exposure to combat and operational stress. Understanding these effects will help Soldiers to support each other and those they lead.



Show Slide 10: (Combat and Operational Missions)

Note to Speaker: Videos will play automatically in background with no audio. Read script and advance to next slide when complete.

I’m going to try to give you an appreciation about how post combat stress occurs.

It is a possible outcome of all combat and operational missions. Soldiers deploy and execute military missions that expose them to significant combat and operational experiences.



Show Slide 11: (Post Combat Stress)

Note to Speaker: Videos will play automatically in background with no audio. Read script and advance to next slide when complete.

Most Soldiers are resilient and work through their experiences. The resiliency displayed by these Soldiers is what we refer to as mental toughness or Battlemind.

Battlemind skills, developed in military training, provide Soldiers the inner strength to face fear, adversity, and hardship during combat with confidence and resolution; the will to persevere and win.

However, sometimes even the strongest Soldiers are affected so severely that they will need additional help.

Both the good and bad experiences can follow for a lifetime. Many warriors will come back better leaders, fathers or mothers, often more resilient and not taking life for granted.

But as I said, this transition may not be easy for every Soldier. Some may still struggle with anger, withdraw from those they care about, or have sleep problems, all of which are normal reactions to abnormal experiences. The following video clips show some of the difficulties related to these issues.



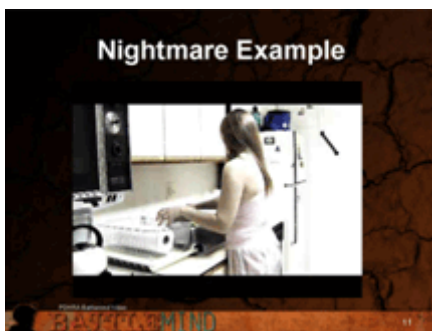
Show Slide 12: (Flashback Video)

Video Length: :24 seconds

Note to Speaker: Video will auto start after 2 second delay. Continue with presentation once video is complete.

This Soldier has difficulty adjusting from a combat zone into a safer area. The slamming of the tailgate triggered the Soldier into experiencing something we call a flashback. Flashbacks are reliving a more difficult, and challenging time...for this Soldier, a particular combat experience. These are normal reactions when leaving combat, and many of you who have been in the fight have probably experienced them. Every Soldier needs to know that these normal reactions can be dealt with in positive ways. Relaxing, resting, and exercise are three good ways to adjust.

Here is another example of a Soldier having difficulty adjusting.



Show Slide 13: (Nightmare Video)

Video Length: 2:07 minutes

Note to Speaker: Video will auto start after 2 second delay. Continue with presentation once video is complete.

As this couple showed, coping with the effects of combat can be difficult. This Soldier's resistance to intimacy with his spouse as well as the nightmare he had are common. Traumatic experiences take time to process and overcome. This Soldier is continuing to have difficulty adjusting to what he experienced on the battlefield. You will also notice that this Soldier was drinking alcohol to try to deal with the stress. Casual drinking is common with many Soldiers, but when used excessively as an attempt to

manage Post Combat Stress, it can actually create more problems. A few beers may help you sleep tonight, but it may slow down your long-term recovery.



Show Slide 14: (Who is at Risk?)

Understand, every Soldier is at risk when talking about the effects of Post Combat Stress. Every Soldier will experience their deployment in their own, unique way. Every Soldier will make a transition from their combat experience.

We already know that between 20-30 percent of US military personnel returning from current combat operations report psychological symptoms.

They may have sleep problems, feel depressed, and have difficulty with their relationships...many different things. Most of these Soldiers will transition successfully in weeks to months post-deployment in a normal healthy way. It will just take them a while longer than others.

We also know that some Soldiers may have significant struggles with their attempts to resolve their experiences. For a few, these reactions last a long time and have severe effects on their lives and health. These Soldiers may require significant assistance to cope with the reactions they are having due to their military experience. They may be diagnosed with PTSD.

It is essential that every Soldier and every Leader knows, understands and recognizes the signs and symptoms of concussions and post combat stress.



Show Slide 15: (Concussion vs Post Combat Stress)

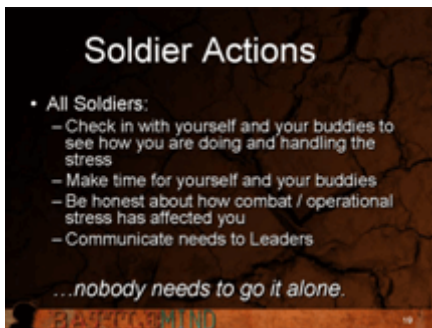
The reason you are being told about both today is because they share common symptoms. It is important for you to know this and communicate to your healthcare provider clearly so they can assist in determining which is causing the greatest impact to you. Soldiers can suffer from both conditions. Your Team needs you to continue functioning as a Soldier, Family member and citizen.

Bottom line, concussions and post combat stress are treatable. I really want you to understand that and hear it clearly, so let me say it again. Both are treatable.

OK, that covers post combat stress. Before we go further, do you have any questions?

NOTE TO INSTRUCTOR: Take about 4 minutes to answer questions regarding mTBI and concussions. Use answers from the Frequently Asked Questions (FAQ) beginning on page 20. If the question is not in the FAQ list, record the question and provide the Soldier with an answer after consulting appropriate medical authority.

Now that I've described these two conditions, I want to emphasize how Soldier and Leader actions promote recovery and minimize the impact of both.



Show Slide 16: (Soldier Actions)

All Soldiers have a responsibility to maintain themselves and to help their battle buddies and their units.

This slide summarizes what all Soldiers must do. Awareness of the symptoms of Combat and Operational Stress, and watching for these symptoms in themselves and in their battle buddies is key. Soldiers have a duty not to hide symptoms of an illness and to take the right action to seek help when it is needed. Soldiers must communicate to leaders when they or their buddies need help, or have a problem.

Junior leaders and Soldiers are in the best position to help each other out, because they understand what each other has experienced more than anyone else. We need to recognize changes and have the courage to step up and make sure we get help for ourselves and our Soldiers.

You, more than anyone else, will recognize if something doesn't seem right, or if your Buddy is different. Do something about it...nobody needs to go it alone.



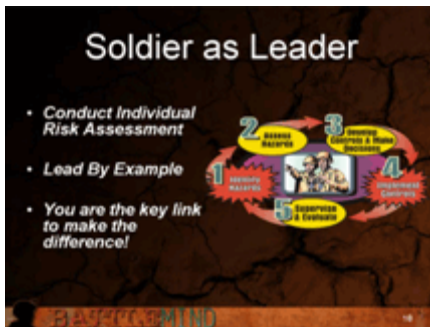
Show Slide 17: (Leaders Actions)

Leaders at all levels also have specific responsibilities. These conditions

affecting Soldiers are no different than any other injury or illness that can cause loss of combat effectiveness. Leaders need to know where to get help and how to get it to their Soldiers.

Leaders must remember that Combat and Operational Stress are part of a Soldier's experience, and that most Soldiers will successfully adapt to their reactions. Leaders must also bear in mind that some Soldiers may suffer from concussions or may develop post combat stress, and some may be affected by both. If Leaders get help to Soldiers, their recovery will be faster and more complete.

The Army has resources to assist Soldiers affected by concussion and post combat stress. Leaders should be aware of them and ensure Soldiers get the help they need.



Show Slide 18: (Soldier as Leader)

There are two types of Leaders in the Army today, formal and informal. Formal Leaders are given positions of responsibility; they are our commanders. Informal Leaders are those Soldiers who others in the unit look up to and seek out for guidance, regardless of position or rank they may hold. No matter which type you are, we are all Soldiers, and as such we are all Leaders.

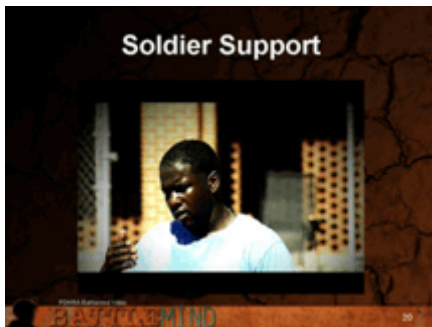
So, let me speak about two key Leadership points I want you to walk away with:

1. Lead by Example. Leaders are not exempt from struggling with the types of conditions talked about today. You can experience concussions or post combat stress. It is imperative that you take action and lead by example by getting the help you need.

2. The other key Leadership point I want to review is managing risk. Leaders must identify and assess hazards to their Soldiers' health from

PTSD and mTBI. As a part of controlling these hazards, Leaders must ensure that Soldiers receive appropriate care and support. Make sure that you have lined up the resources they need and are ready to provide the assistance they may require when needed. Really, what I am talking about is knowing what is going on with your Soldiers.

Here's a great video clip that shows exactly what I am talking about. It shows Soldiers taking care of Soldiers

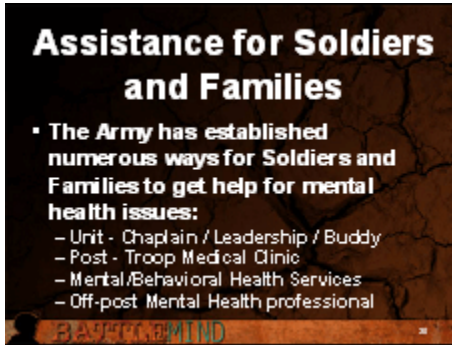


Show Slide 19: (Soldier support video)

Video Length: 2:57 minutes

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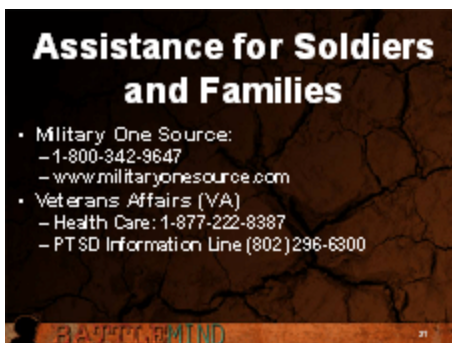
Let's take a minute to review what we just saw. An NCO was having problems with his Soldier, and sharing the story with another NCO. However, because the second NCO had similar difficulties after returning from a long deployment, he was able to point out that the struggling Soldiers' problems may be related to his combat experiences. It is important to remember that things like changes in previous behavior patterns may be symptomatic of PTSD, especially when the Soldier was a solid performer in the past. Leaders and Battle Buddies should watch for these changes much in the same way we are taught to look for behavior changes caused by personal trauma such as divorces, conflict, family pressures etc. It also took a lot of personal courage for that NCO to reveal the problems he struggled with, so that his friend would understand and look at his struggling Soldier's situation differently, ultimately resulting in encouraging the Soldier to get help instead of "giving him a piece of my mind".



Show Slide 20: (Assistance for Soldiers and Families)

Soldier and Leader responsibility is not only recognizing symptoms but playing an active role in facilitating and allowing Soldiers to seek help and referral.

We must always remember that not everyone reacts the same way to potentially traumatic events. What may be upsetting to one Soldier may not be for another. Do not assume that a Soldier is unaffected by an event just because you were not affected. To do so promotes a dangerous stigma which may discourage Soldiers from getting the help they need. Leaders must take actions to reduce the stigma associated with seeking help, because it can worsen Soldiers' conditions, and it works against readiness and effectiveness.



Show Slide 21: (Assistance for Soldiers and Families)

Military One Source provides up to 6 free sessions per counseling need, and this help is confidential. Spouses and dependents can also use this resource, which also provides marital counseling.

As can be seen on this slide, in addition to Military One Source, there are many other ways to get help.



Show Slide 22: (Warrior Ethos)

Concussions and post combat stress are legitimate medical and psychological conditions, which may require the attention of healthcare professionals.

Today, I hope I've opened your eyes about the challenges we face, and how to get help to overcome those challenges.

Remember, all Soldiers who have deployed to combat are affected in some way or another.

Leaders and Soldiers at every level must work to educate themselves, their buddies and their subordinates.

This is about taking care of each other – and this is about trust. Soldier to Soldier, Leader to Led, that trust that sustained you and your unit in combat is the strength we have as we deal with Concussions and Combat Stress, every Soldier needs to trust that the Army is there for them.

Remember the Army Values:

A Soldier shows loyalty to Battle Buddies who have a need.

A Soldier has the integrity not to hide or minimize a problem and to show respect to a Soldier in need.

A Soldier has personal courage to ask for help.

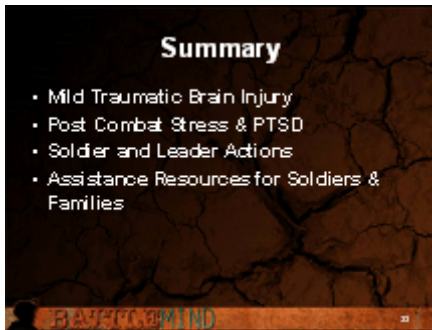
Our Army values tell us to do the right thing. We must place trust in our Leaders, our Subordinates, our Team and the Army Healthcare System.

Soldiers are important, their total health is important, and taking care of them is part of the Warrior Ethos.

In our Soldier's creed we declare that no one will be left behind...because

every Warrior is a key part of mission success. Practice self-awareness, and always look out for your buddy. Be there when they need you most.

“It takes courage to ask for help, and it takes leadership to help a fellow Soldier get help.”



Show Slide 23: (Summary)

In summary, I'd like to highlight a few key points:

First, mild Traumatic Brain Injury or Concussions may have occurred even when the original injury seemed minor.

Second, both Concussions and Post Combat Stress can have negative effects on your personal life, professional abilities, and health. However, these conditions are treatable and can improve with the right care.

All Soldiers experience Combat and Operational Stress. Some have challenging symptoms and problems, but most recover within weeks to months. A few may struggle and could be diagnosed with Post Traumatic Stress Disorder.

Post Combat Stress and Concussions are genuine medical conditions.

All Soldiers need to check in with themselves and their Buddies for signs and symptoms of Concussions and Post Combat Stress.

Soldiers must be honest with themselves and each other about how Combat and Operational Stress has affected them, and must have the courage and strength to seek help.

Leaders must be aware of their Soldiers' conditions and needs, must support their Soldiers in getting help, and must eliminate obstacles that interfere with Soldiers' recovery.

The Army has provided a number of places to get help and is continuing to

expand and improve what is already available.



Show Slide 24: (Questions)

Note to Speaker: Take time as required to answer any remaining questions regarding mTBI, concussions, post combat stress, PTSD, and Soldier care. Use answers from Frequently Asked Questions (FAQ) beginning on page 20. If the question is not in the FAQ list, record the question and provide the Soldier with an answer after consulting appropriate

medical authority..

NOTE: A dialogue should be encouraged and facilitated by the trainer at the end of the chain teaching.

FAQ

Frequently Asked Question List –mTBI (Concussion), Post Combat Stress and PTSD.

ABOUT MILD TRAUMATIC BRAIN INJURY (mTBI)

1. What is mTBI (Concussion)?

Mild Traumatic Brain Injury is caused by blunt trauma to the head or acceleration/deceleration forces jolting the brain within the skull which may or may not produce a period of unconsciousness. Mild TBI is defined as an injury to the brain as a result of any period of observed or self-reported: Confusion, disorientation, or impaired consciousness; Dysfunction of memory around the time of injury (amnesia); Loss of consciousness lasting less than 30 minutes.. No other obvious neurological deficits, no intracranial complications (e.g. hematoma / blood clot) and normal computed tomography (CT) findings should be present.

2. How is TBI distinguished from mental health conditions, such as PTSD?

Traumatic brain injury is a neurologic injury with possible physical, cognitive, behavioral, and emotional symptoms. Like all injuries, TBI is most appropriately and accurately diagnosed as soon as possible after the injury. TBI is not a mental health condition. The range of TBI includes mild, moderate, severe, and penetrating. Well after the injury event, Soldiers may have residual symptoms from a TBI and new or emerging PTSD symptoms. If the TBI has not been previously identified or documented, an accurate description of the traumatic events in theater usually allows a well-trained clinician to make a distinction between TBI and PTSD or other mental health conditions.

3. What are signs/symptoms of mTBI (Concussion)?

Headache, confusion, , dizziness, blurred vision or tired eyes, ringing in the ears, , change in ability to smell or taste, sensitivity to sound or light, irritability, fatigue, a change in sleep patterns, mood changes, and trouble with memory, concentration, attention, or thinking.

4. How can Post Combat Stress, PTSD or mTBI (Concussion) affect me or my job or my family?

For some, there may be no affects but there may be greater affects in others. Often times we see people isolating and withdrawing from others. Their concern about whether or not something is wrong with them or their fears that others “won’t understand” causes Soldiers to pull away from those who may be able to support them the most. Soldiers may also have significant issues with irritability, anger or aggression which affects them both on the job as well as at home. Soldiers may

also begin abusing alcohol or drugs in an effort to “escape” from their troubles, to try and calm down or to try and get rid of other symptoms. Some Soldiers become hyper-alert, trying to secure their environments like they did while they were deployed. And still others engage in high-risk behaviors, such as driving too fast or recklessly, in an effort to get back the adrenaline rush they had while in the theater of operations. With Concussion, they may also forget to do things, and may not be able to function successfully in demanding situations such as work.

5. How long can the effects of Post Combat Stress, PTSD or mTBI (Concussion) last?

For many the symptoms can go away within a year or less. For some, the effects can be for a lifetime.

6. Can Post Combat Stress, PTSD or mTBI (Concussion) get better on their own?

Bottom line is that if a Soldier has any of these conditions then they should seek help. Post Combat Stress, PTSD and mTBI can heal on their own; however, they heal quickest when treated early and properly. See your healthcare provider.

7. Can I get mTBI (Concussion) if I was never knocked out?

Yes. Frequently mild TBI is the result of repeated exposure to mild explosions or moderate explosions resulting in significant pressure changes in vehicles. If you were knocked around, jolted or felt significant pressure changes as a result of a nearby explosion it's possible you could have mTBI.

8. How do I know if I have Post Combat Stress, PTSD or mTBI (Concussion), or something less serious, or nothing at all?

See your healthcare provider. If you are having symptoms that are interfering with your ability to function at home, at work or while out with others or if your symptoms are leading to dangerous thoughts or behaviors then you should seek help. You can go to your unit Chaplain, your installation Department of Behavioral Health (or Community or Division Mental Health), Social Work Service or go see your Primary Care Manager who can get you connected with the right person to assess and/or treat you. It is important to inform your healthcare provider of any events that are consistent with causing mTBI (Concussions) such as having survived an IED attack or any other possible head injury. This will allow your healthcare provider to determine the best cause of your symptoms. Remember, Concussions are actual physical injuries while Post Combat Stress and PTSD are emotional reactions. The symptoms may be somewhat similar, but the cause is very different and may require different types of treatment.

You can also find additional information at www.behavioralhealth.army.mil, www.militaryonesource.com or you can do an anonymous online survey at

www.militarymentalhealth.org.

For information on mTBI (Concussions), visit the Defense and Veterans Brain Injury webpage at www.DVBIC.org.

There are also numerous resources regarding both PTSD and mTBI on various Websites online.

9. What if I'm not sure if I have a problem?

Bottom line is that if you suspect you may be experiencing problems, you should see your healthcare provider. However, not everyone who experiences a traumatic event has problems. In fact, many people involved in traumatic events grow from the experience. But if you find yourself having struggles at work, in your relationships or in other important parts of your life as a result of the traumatic event, it's important to seek a professional assessment.

You can seek assistance from your unit Chaplain, your installation Department of Behavioral Health (or Community or Division Mental Health), Social Work Service or go see your Primary Care Manager who can get you connected with the right person to assess and/or treat you.

You can also find additional information at www.behavioralhealth.army.mil, www.militaryonesource.com or you can do an anonymous online survey at www.militarymentalhealth.org.

For information on mTBI (Concussions), visit the Defense and Veterans Brain Injury webpage at www.DVBIC.org.

10. What If I'm not sure if a buddy has a problem?

If you are concerned about your buddy, first talk with him or her about your concerns. If you see some of the signs and symptoms of Post Combat Stress or mTBI (concussions), try to get them to seek assistance on their own. If they do not want to seek assistance but you are concerned about any type of dangerous behavior toward themselves or others, you can contact your Chain of Command, your unit Chaplain or installation Behavioral Health resources. Remember, Never Leave a Fallen Comrade!

ABOUT POST COMBAT STRESS & PTSD

1. What is Post Combat Stress?

Post Combat Stress is the range of possible emotional adjustment outcomes along a continuum of stress reactions that may be experienced weeks or even years after Combat and Operational Stress exposure. It includes increased functioning and positive change after enduring a trauma, and may include changes in personal strength, spirituality, relationships with others, and/or ability to appreciate life. Post Combat Stress may also include negative outcomes such as Post Traumatic Stress Disorder (PTSD) which is a psychiatric illness that can occur following a traumatic event. Post Combat Stress is not a mental health diagnosis, but a term used to describe the effects of combat and operational exposure experienced by Soldiers performing military duties.

2. What is PTSD?

Post Traumatic Stress Disorder is a condition that often follows a terrifying physical or emotional event causing the person who survived the event to have persistent, frightening thoughts and memories, or flashbacks, of the ordeal. Persons with PTSD often feel chronically, emotionally numb. Once referred to as “shell shock” or “battle fatigue.” PTSD is a mental health diagnosis that requires a credentialed healthcare provider to diagnose. If you think you have PTSD, see your healthcare provider.

3. What are signs/symptoms of PTSD?

Although the following signs and symptoms may indicate PTSD, please remember that they are also symptoms common for many Soldiers returning from deployments (post combat stress). You should be concerned about these symptoms if they don't go away or if you find the symptoms are getting worse. The key is if the symptoms are disrupting your normal functioning, effecting your quality of life.

Physical: Fatigue, Vomiting or Nausea, Chest Pain, Twitches, Thirst, Weakness, Insomnia or Nightmares, Breathing Difficulty, Muscle Tremors, Grinding of Teeth, Profuse Sweating, Pounding Heart, Diarrhea or Intestinal Upsets, and Headaches

Behavioral: Withdrawal, Pacing & Restlessness, Emotional Outbursts, Anti-Social Acts, Suspicion and Paranoia, Inability to Rest, Loss of Interest in Hobbies, Increased Alcohol Consumption, and Other Substance Abuse

Emotional: Anxiety or Panic, Guilt, Fear, Denial, Irritability, Depression, Intense Anger, Agitation, and Apprehension

4. How can Post Combat Stress, PTSD or mTBI (Concussion) affect me or my job or my family?

For some, there may be no affects but there may be greater affects in others. Often times we see people isolating and withdrawing from others. Their concern about whether or not something is wrong with them or their fears that others “won’t understand” causes Soldiers to pull away from those who may be able to support them the most. Soldiers may also have significant issues with irritability, anger or aggression which affects them both on the job as well as at home. Soldiers may also begin abusing alcohol or drugs in an effort to “escape” from their troubles, to try and calm down or to try and get rid of other symptoms. Some Soldiers become hyper-alert, trying to secure their environments like they did while they were deployed. And still others engage in high-risk behaviors, such as driving too fast or recklessly, in an effort to get back the adrenaline rush they had while in the theater of operations. With Concussion, they may also forget to do things, and may not be able to function successfully in demanding situations such as work.

5. How long can the effects of Post Combat Stress, PTSD or mTBI (Concussion) last?

For many the symptoms can go away within a year or less. For some, the effects can be for a lifetime.

6. Can Post Combat Stress, PTSD or mTBI (Concussion) get better on their own?

Bottom line is that if a Soldier has any of these conditions then they should seek help. Post Combat Stress, PTSD and mTBI can heal on their own; however, they heal quickest when treated early and properly. See your healthcare provider.

7. Can I get Post Combat Stress if I was never hospitalized or personally injured?

Yes. If you have experienced an event or been involved with the aftermath of an event that created intense fear, helplessness or horror involving actual or threatened death. If left untreated, and symptoms continue to worsen, Post Combat Stress can result in the diagnosis of PTSD.

8. How do I know if I have Post Combat Stress, PTSD or mTBI (Concussion), or something less serious, or nothing at all?

See your healthcare provider. If you are having symptoms that are interfering with your ability to function at home, at work or while out with others or if your symptoms are leading to dangerous thoughts or behaviors then you should seek help. You can go to your unit Chaplain, your installation Department of Behavioral Health (or Community or Division Mental Health), Social Work Service or go see your Primary Care Manager who can get you connected with the right person to assess and/or treat you. It is important to inform your healthcare

provider of any events that are consistent with causing mTBI (Concussions) such as having survived an IED attack or any other possible head injury. This will allow your healthcare provider to determine the best cause of your symptoms. Remember, Concussions are actual physical injuries while Post Combat Stress and PTSD are emotional reactions. The symptoms may be somewhat similar, but the cause is very different and may require different types of treatment.

You can also find additional information at www.behavioralhealth.army.mil, www.militaryonesource.com or you can do an anonymous online survey at www.militarymentalhealth.org.

For information on mTBI (Concussions), visit the Defense and Veterans Brain Injury webpage at www.DVBIC.org.

There are also numerous resources regarding both PTSD and mTBI on various Websites online.

9. What if I'm not sure if I have a problem?

Bottom line is that if you suspect you may be experiencing problems, you should see your healthcare provider. However, not everyone who experiences a traumatic event has problems. In fact, many people involved in traumatic events grow from the experience. But if you find yourself having struggles at work, in your relationships or in other important parts of your life as a result of the traumatic event, it's important to seek a professional assessment.

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ABOUT GETTING HELP FOR POST COMBAT STRESS, PTSD OR MTBI

1. Where do I get help for Post Combat Stress, PTSD or mTBI (Concussion)?

There are many ways to get help for Post Combat Stress, PTSD or mTBI (Concussion). You can seek assistance from your unit Chaplain, your installation Department of Behavioral Health (or Community or Division Mental Health), Social Work Service or go see your Primary Care Manager who can get you connected with the right person to assess and/or treat you.

If you have a history of head injury, you should contact your primary care provider to rule out mTBI. Remember, Soldiers can have both Post Combat Stress reactions and mTBI at the same time, but the two diagnoses are different. It is important to provide a clear history of any head trauma you may have experienced when seeking help so that the diagnosis and support you receive is based on the best understanding of your condition.

You can also find additional information at www.behavioralhealth.army.mil, www.militaryonesource.com or you can do an anonymous online survey at www.militarymentalhealth.org.

For information on mTBI (Concussions), visit the Defense and Veterans Brain Injury webpage at www.DVBIC.org.

2. What kind of help is there for Post Combat Stress, PTSD or mTBI (Concussion)?

Similar to civilian practice settings, Soldiers receive an initial evaluation which will include a face-to-face interview and which may also include various types of cognitive and psychological testing. After an assessment is complete, Soldiers may receive individual or group education or counseling, medical treatment, and sometimes, occupational functional assistance. Medications may also be prescribed. Some Soldiers may also receive a Case Manager to help them manage their appointments and administrative requirements.

3. Is help with Post Combat Stress, PTSD or mTBI (Concussion) confidential?

Reference confidentiality, medical professionals keep everything as discreet as possible. However, there may be times when a command needs to be advised about a Soldier's medical care. This usually occurs when a Soldier is suicidal or homicidal.

Seeking medical assistance from a mental health care provider is not a career ender. The Army is very proactive in encouraging Soldiers to get the help they need, and most Soldiers diagnosed with PTSD or mTBI are treated and can

remain on active duty. Today, we have a much better understanding of the psychological and physical effects of war. Soldiers are being trained to look out for the mental health of their buddies in the same way that they look out for their physical health, and leaders are being trained to encourage Soldiers to get help. The message is getting out that coming in to get help early is the best way to avoid long term problems. Our intention is to return Soldiers back to duty.

4. I didn't like the help I got. Is there other help?

Sometimes Soldiers don't like the help they are getting because counselors ask them to talk about things that are difficult or uncomfortable for them to think about. This is part of the healing process and is often necessary in progressing in a helpful manner. If after consistently making counseling appointments the Soldier does not feel that the help is beneficial, then he/she should discuss this with their counselor and explore other counseling options.

5. I tried for a long time to get a counseling appointment, but couldn't. What do I do?

Due to ongoing deployment operations as well as Soldiers' increased willingness to seek treatment, counseling resources on many installations are often overextended. Many military treatment facilities are hiring more staff, expanding their hours or redesigning their access to care.

If you are unable to get an appointment within 30 days or feel your issues require immediate assistance you have a couple of different options. For emergency issues, such as thoughts of hurting yourself or others, you should go to your installation Emergency Room. You can also access confidential counseling resources through Military OneSource at 1-800-342-9647. Through Military OneSource you can get up to six free sessions, per issue, with a licensed professional.

Note: The phrase, "per issue" relates to providing assistance in dealing / coping with singular occurrences of issues such as normal reactions to abnormal situations (e.g. combat), couples concerns, relationship conflicts, work/life balance, grief and loss, adjustment to deployment, stress management, and parenting. This list is not exhaustive. These are only a few examples of "issues" for which assistance is provided when accessing Military One Source services.

ABOUT CAREER, COMMAND, AND CONFIDENTIALITY

1. What do I do if I've been told by a leader that I can't go to a medical or counseling appointment?

All Soldiers are entitled to medical care. While subordinate leaders may not prevent you from seeking care or going to appointments, mission may require that

you seek a different date or time, if possible, to attend your appointments.

If your immediate leader or supervisor will not let you go to an appointment then you must go to your next level leader and request their assistance. It is your right to get help and it is your leader's obligation to assist you with getting help.

2. I've heard I can't get promoted if I am in counseling or if I have Post Combat Stress, PTSD or mTBI. What about that?

There are no regulations or formal guidance that prevents Soldiers from getting promoted as a result of having a medical or mental health condition or for being in treatment for a medical or mental health condition. In fact, being discriminated against for a medical condition is illegal. Misconduct as a result of your condition, or failure to get treatment for a mental health condition which results in bad behavior, however, can impact your ability to get promoted.

Seeking medical assistance from a mental health care provider is not a career ender. The Army is very proactive in encouraging soldiers to get the help they need, and most Soldiers diagnosed with PTSD are treated and can remain on active duty. Today, we have a much better understanding of the psychological effects of war. Soldiers are being trained to look out for the mental health of their buddies in the same way that they look out for their physical health, and leaders are being trained to encourage soldiers to get help. The message is getting out that seeking early help is the best way to avoid long term problems. Our intention is to return Soldiers back to duty.

3. In my unit, Soldiers who go to behavioral health or counseling are treated poorly, or considered malingerers. What do I do about that?

Army values say that all Soldiers should be treated with dignity and respect. If you, your buddy or your subordinate is being treated poorly within your unit, you have an obligation to let the chain of command know about your mistreatment. You may also speak with the IG about your concerns without fear of reprisal.

If you or your buddy is inaccurately accused of malingering, you should attempt to provide any documentation or testimony of others that could show the changes in activity or behavior following any type of traumatic event. Your leadership should be aware of the seriousness of such allegations. Feigning illness or physical or mental disability, or intentionally inflicting self-injury is a court-martial offense.

4. I read that if I have PTSD, I will get a diagnosis of a personality disorder and separated without benefits. What's the truth about that?

This is not true. These are two different conditions. The onset of a personality disorder can be traced back at least to adolescence or early adulthood whereas

PTSD develops in response to exposure to a traumatic event and may occur during any point in an individual's life. PTSD is a primary clinical condition and may qualify for a Medical Evaluation Board and medical retirement with full benefits. A personality disorder is a longstanding pattern of behavior that is significantly different than the expectation of that person's individual culture. When a Personality Disorder produces inappropriate behavior by the Soldier, then it may be appropriate to evaluate and then separate him/her under a Chapter 5-13 IAW AR 635-200.

5. If I talk to a counselor, can the counselor tell my Commander or leaders what I say?

In accordance with privacy laws, medical professionals keep everything as discreet as possible. There are some instances related to a Soldier's fitness for duty or for safety reasons (i.e. the Soldier is suicidal or homicidal) that a command needs to be advised about a Soldier's medical care.. At the beginning of all mental health appointments, the counselor will advise the Soldier about the limits to their confidentiality and is available to answer any specific questions the Soldier might have about when the counselor might need to speak with Command.

6. I've heard that seeking treatment can affect my security clearance. Is that true?

Whenever you are being investigated for a security clearance you are required to report any type of mental health counseling you are currently receiving or may have received in the past. Many people with Secret and even Top Secret clearances have sought counseling in the past so seeking treatment alone is not enough to affect your security clearance. What can affect your security clearance is a condition so severe that it impacts your judgment and/or your ability to make decisions in regards to our national security.

SETUP INSTRUCTIONS

IMPORTANT: The mTBI_PTSD Training Package **MUST** be downloaded to your computer before it can be used. This presentation CAN NOT be launched from the webpage. Failure to download this file to your computer will result in the videos associated with this presentation to not launch correctly.

This PowerPoint training presentation utilizes embedded videos as training enhancers. In order to utilize this training package correctly, the instructor **MUST** keep the presentation file (.ppt) in the same directory that the video files (.wmv) are located. Failure to keep the files together will result in the videos not playing correctly.

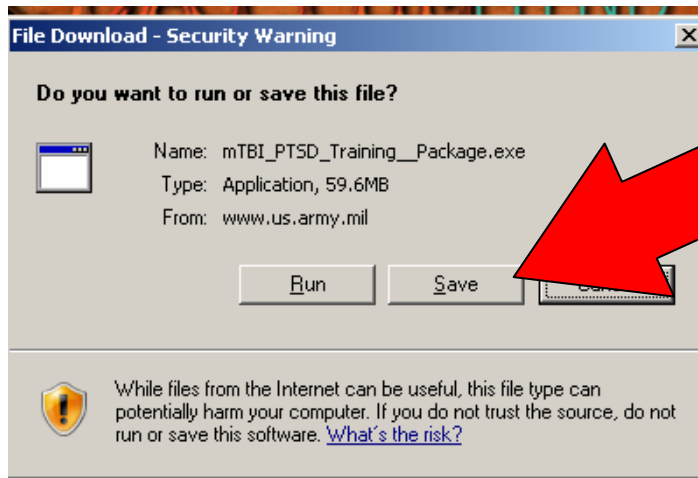
The download is packaged in a compressed format using WinZip to create one (1) downloadable file. Once downloaded, extract the file to your computer and run program.

If desired, the files can be burned to a CD and launched directly from your CD or DVD Drive.

The compressed file is self extracting, please refer to the following setup instructions for assistance in utilizing this training package.

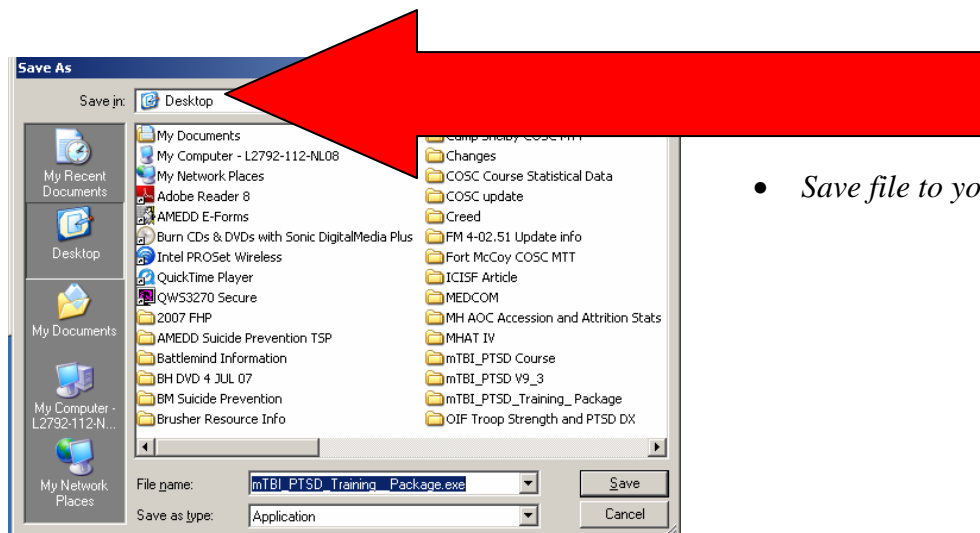
If you have any questions, contact your local IT support.

1. Download file to your computer from web portal. Do not attempt to launch presentation from internet; it must be downloaded to your computer. Click on file link “mTBI_PTSD Training Package” located on the webpage. A dialogue box will appear asking to run or save the file. Select “Save”.



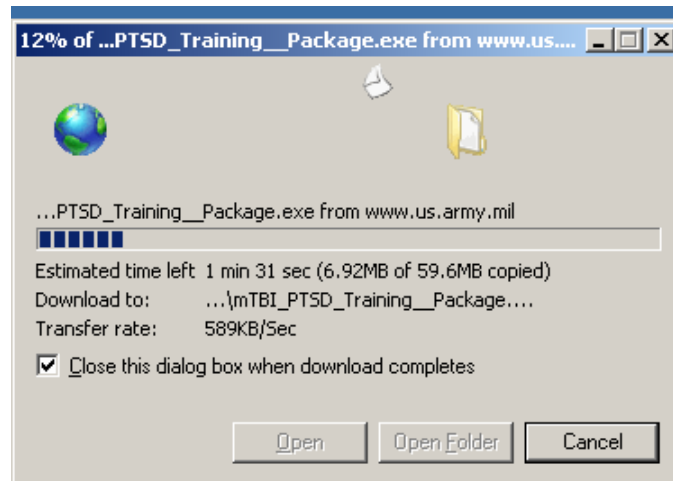
- *Select Save.*

2. The next screen will prompt you to select the download location to save the file to your computer. It is recommended to save to your desktop. Select “Desktop” in the Save in drop down box to save the presentation zip file to your desktop.



- *Save file to your desktop.*

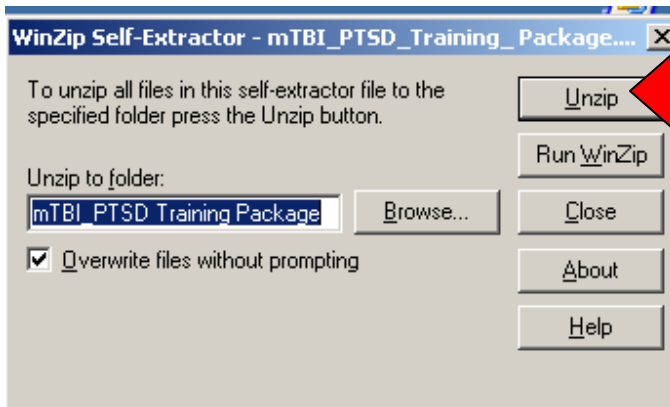
3. mTBI_PTSD_Training_Package file will be saved to your computer.



4. The file should look like this.

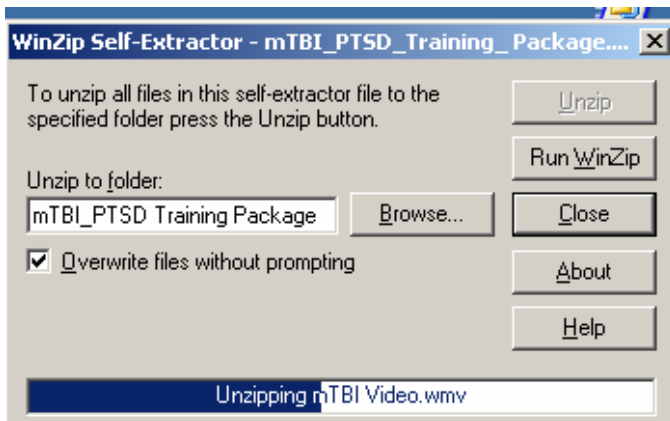


5. Double click on mTBI_PTSD_Training_Package file to launch self extracting file. The below pop up will appear. Click the Unzip button.



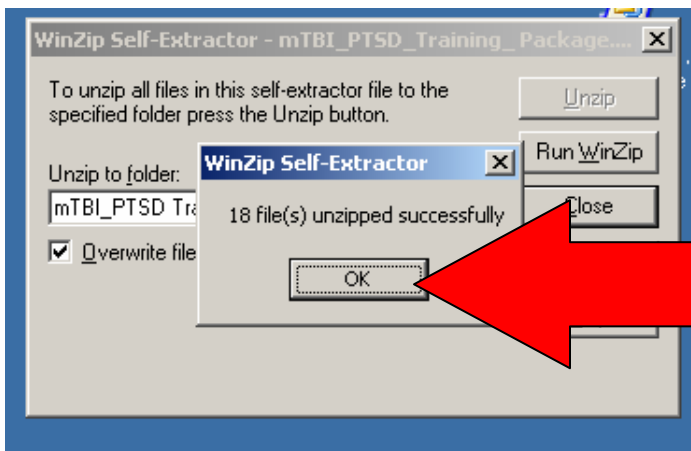
- *Select “Unzip”*

6. Files will extract to Desktop.



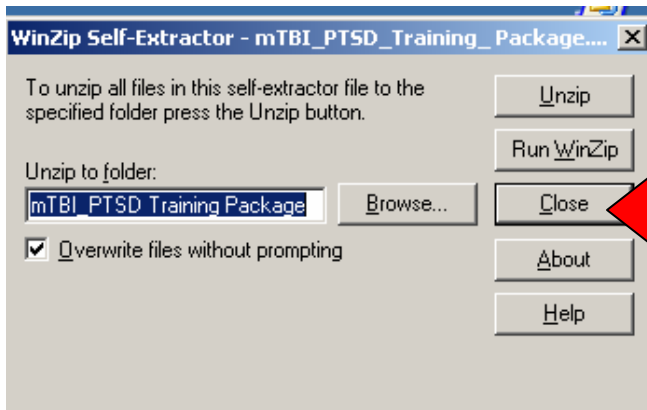
- *Files Extracting.*

7. When extraction complete, you will see the below dialogue box. Select OK.



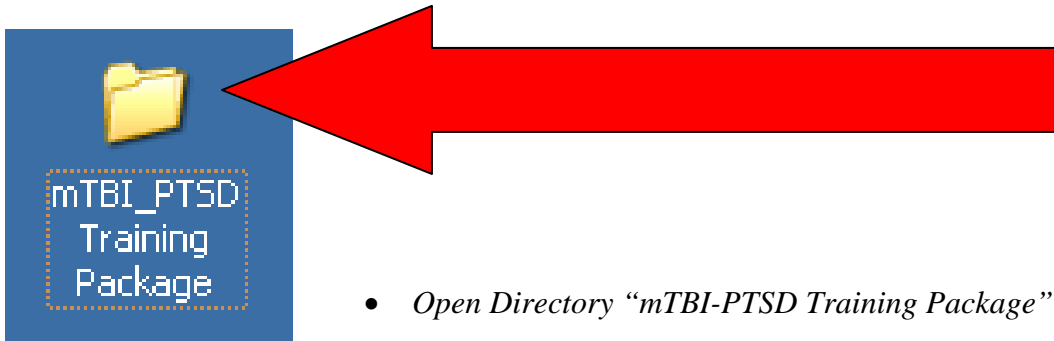
- *Select OK.*

8. Select Close to exit Extraction Program.



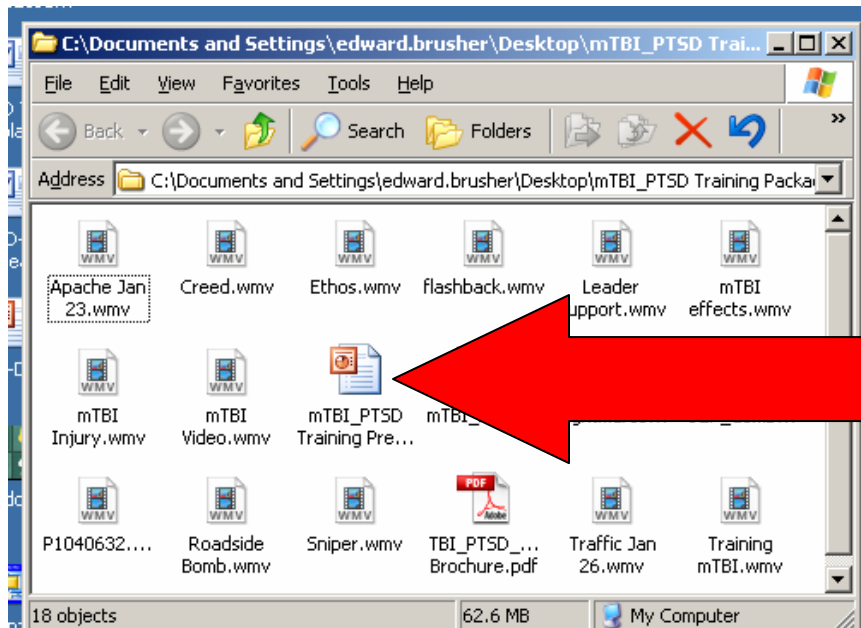
- *Select Close.*

9. The mTBI_PTSD Training Package has successfully downloaded to your computer. The files are located in a Directory on your desktop call “mTBI_PTSD Training Package”. Find the Directory on you desktop and open it.



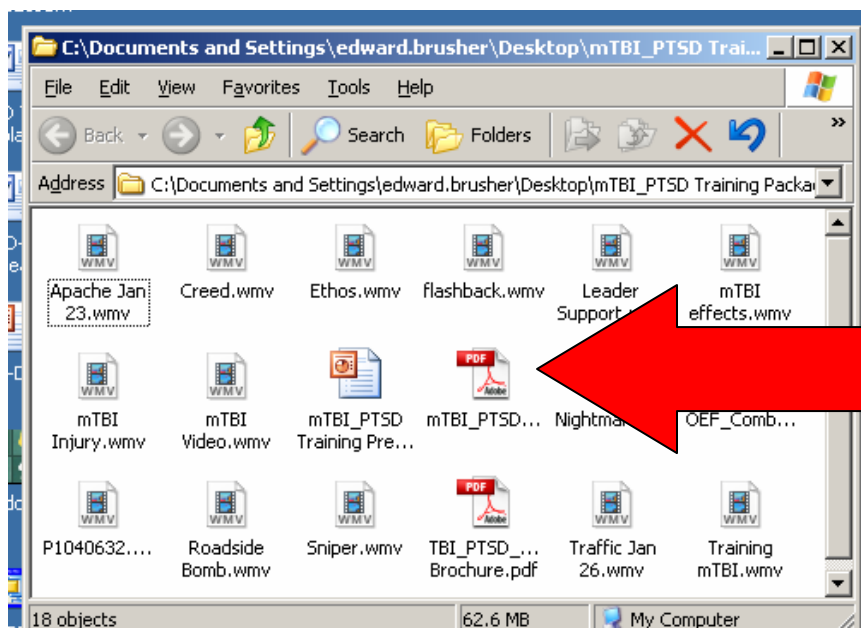
- *Open Directory “mTBI-PTSD Training Package”*

10. Run PowerPoint presentation “mTBI_PTSD Training Presentation” by clicking on the ppt file from within directory. WARNING: DO NOT relocate ppt file outside of directory. The presentation MUST be launched from same directory that videos are located in.



- Launch ppt file from within Directory.

11. Refer to “mTBI_PTSD_Training_Package_Instructor_Guide.pdf”. It is recommended that the user print a copy of this guide to facilitate presentation delivery.




- See Instructor Guide.

This training package may be run from a CD/DVD if desired. In order to do so, all files located in the mTBI_PTSD Training Package directory must be “burnt” to the CD or DVD to run properly. You may also save the directory to a USB drive and run it from there. It will run smoother directly from your desktop, expect video startup delays when presenting from a CD/DVD or USB.

For further assistance, contact your local IT support assets.

BROCHURE

This Training Support Package (TSP) contains a hand out that may be provided to participants if the instructor chooses to do so. The file is located in the mTBI_PTSD directory, and called "TBI_PTSD_Final Brochure.pdf".



Traumatic Brain Injury (TBI)

If the head is hit or violently shaken (such as from a blast or explosion), a "concussion" or "closed head injury" can result. Concussion is seldom life threatening, so doctors often use the term "mild" when the person is only dazed or confused or loses consciousness for a short time. However, concussion can result in serious symptoms. People who survive multiple concussions may have more serious problems. People who have had a concussion may say that they are "fine" although their behavior or personality has changed. If you notice such changes in a family member or friend, suggest they seek medical care. Keep in mind that these are common experiences, but may occur more frequently with TBI. If in doubt, ask your doctor.

Common Symptoms of Brain Injury

<ul style="list-style-type: none">• Difficulty organizing daily tasks• Blurred vision or eyes tire easily• Headaches or ringing in the ears• Feeling sad, anxious or listless• Easily irritated or angered• Feeling tired all the time• Feeling light-headed or dizzy	<ul style="list-style-type: none">• Trouble with memory, attention or concentration• More sensitive to sounds, lights or distractions• Impaired decision making or problem solving• Difficulty inhibiting behavior – impulsive• Slowed thinking, moving speaking or reading• Easily confused, feeling easily overwhelmed• Change in sexual interest or behavior
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Recovery Following TBI


Some symptoms may be present immediately; others may appear much later. People experience brain injuries differently. Speed of recovery varies. Most people with mild injuries recover fully, but it can take time. In general, recovery is slower in older persons. People with a previous brain injury may find that it takes longer to recover from their current injury. Some symptoms can last for days, weeks, or longer. Talk to your health care provider about any troubling symptoms or problems. For more information, go to www.pdhealth.mil.

To Promote Healing & Manage Symptoms

Things That Can Help	Things That Can Hurt
<ul style="list-style-type: none">• Get plenty of rest & sleep• Increase activity slowly• Carry a notebook – write things down if you have trouble remembering• Establish a regular daily routine to structure activities• Do only one thing at a time if you are easily distracted; turn off the TV or radio while you work• Check with someone you trust when making decisions	<ul style="list-style-type: none">• Avoid activities that could lead to another brain injury – examples include contact sports, motorcycles, skiing• Avoid alcohol as it may slow healing of the injury• Avoid caffeine or "energy-enhancing" products as they may increase symptoms• Avoid pseudo ephedrine-containing products as they may increase symptoms – check labels on cough, cold, allergy, and diet medications• Avoid excessive use of over the counter sleeping aids – they can slow thinking and memory

Quick Facts

Post-Traumatic Stress Disorder (PTSD)



PTSD is a condition that develops after someone has experienced a life-threatening situation, such as combat. In PTSD, the event must have involved actual or threatened death or serious injury and caused an emotional reaction involving intense fear, hopelessness, or horror. People with PTSD have three kinds of experiences for weeks or months after the event is over and the individual is in a safe environment.

Re-experience the event over and over again

You can't put it out of your mind no matter how hard you try
You have repeated nightmares about the event
You have vivid memories, almost like it was happening all over again
You have a strong reaction when you encounter reminders, such as a car backfiring

Avoid people, places, or feelings that remind you of the event

You work hard at putting it out of your mind
You feel numb and detached so you don't have to feel anything
You avoid people or places that remind you of the event

Feel "keyed up" or on-edge all the time

You may startle easily
You may be irritable or angry all the time for no apparent reason
You are always looking around, hyper-vigilant of your surroundings
You may have trouble relaxing or getting to sleep

People who have PTSD have experiences from all three of these categories that stay with them most of the time and interfere with their ability to live their life or do their job. If you still are not sure if this is a problem for you, you can take a quick self-assessment through the Mental Health Self Assessment Program at www.militarymentalhealth.org.

Most Service members do not develop PTSD. It also is important to remember that you can experience some PTSD symptoms without having a diagnosis of PTSD. PTSD cases often resolve on their own in the first 3 months, but even without the full diagnosis, if you have symptoms, you can benefit from counseling or therapy.

The good news: PTSD is treatable. You do not need to suffer from the symptoms of PTSD alone. Therapy has proven to be very effective in reducing and even eliminating the symptoms. Medication can also help. Early treatment leads to the best outcomes. So, if you think you or someone in your family may have PTSD, please seek treatment right away.

23 April 2007, V07-1

If you or a loved one experiences distress associated with combat trauma, you should make an appointment with your primary care manager. If you need counseling or help locating services, please call Military One Source 24/7 at 1-800-342-9647.

REFERENCES

- a. FM 4-02.51, Combat and Operational Stress Control, July 2006.

This Field Manual provides doctrinal guidance to United States Army Combat Stress Control Mental Health Medical Assets. Specifically, it reviews the 9 functional areas of Combat and Operational Stress Control and how Army Medical Department (AMEDD) behavioral health assets employ these concepts in support of maneuver units.

- b. FM 6-22.5, A Leader's Guide to Combat and Operational Stress (Small Unit), DRAFT, February 2007.

This Field Manual provides United States Army military leadership guidance on how to implement a unit Combat and Operational Stress Control program. It provides detailed information on the roles and usage of Army BH assets and reviews key deployment cycle support objectives to support Soldiers and Families.

- c. DoD Directive 6490.5, "Combat Stress Control (CSC) Programs," November 23, 2003.

Provides information on the DoD mandated COSC programs. Establishes policy and assigns responsibilities for developing COSC programs within the Military Services, the Combatant Commands, and Joint Service Operations.

- d. DoD Instruction 6490.3, "Deployment Health," August 11, 2006.

Implements policies and prescribes procedures for deployment health activities for Joint and Service-specific deployments to monitor, assess, and prevent Disease and Non-Battle Injury (DNBI); to control or reduce Occupational and Environmental Health (OEH) risks; to document and link OEH exposures with deployed personnel, including exposures to Chemical, Biological, Radiological, and Nuclear (CBRN) warfare agents; and to record the daily locations of deployed personnel.

- e. MEDCOM 40-38, Command Directed Mental Health Evaluations, SEP 01.

Establishes MEDCOM policy, assign responsibilities, and prescribe procedures for the referral, evaluation, treatment, and administrative management of Service members who may require mental health evaluations, psychiatric hospitalizations, and/or related administrative actions.